

IDAHO GROCERY CREDIT REFUND

2003

Your first name and initial	Last name	Your Social Security Number	<input type="checkbox"/> Taxpayer deceased in 2003 <input checked="" type="checkbox"/>
If a joint return, spouse's first name and initial	Last name	Spouse's Social Security Number	<input type="checkbox"/> Spouse deceased in 2003 <input checked="" type="checkbox"/>
Mailing address			
City, State and Zip Code			

A. INCOME

1. Enter your gross income. Include wages, salaries, tips, interest, dividends, self-employment income before expenses, farm income before expenses, rental income before expenses, and pensions. *Do NOT include social security benefits or Veterans Administration disability benefits.*
2. Enter the amount for your filing status from the filing status chart. See instructions.
3. Compare lines 1 and 2.
 - If line 1 is equal to or larger than line 2, you cannot use this form. You must file an income tax return, Form 40.
 - If line 1 is less than line 2, continue.

1	
2	

B. REFUND CLAIMED

1. Enter the date of birth.
2. Check the boxes that apply.

YOURSELF	SPOUSE
<div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div>

- Age 65 or older \$35 per person
 - Age 62, 63 or 64 \$20 per person
 - Blind and under age 62 \$20 per person
 - Disabled veteran under age 62 \$20 per person
- If you or your spouse have not filed this form before, provide a photocopy of the Veterans Administration document which establishes the disability.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3. Total refund claimed (CIRCLE ONE). \$20 \$35 \$40 \$55 \$70

C. SIGNATURE(S) REQUIRED

If you or your spouse are unable to sign, your representative must write "unable to sign" in the signature space(s) and enter his or her name, address and relationship.

If anyone other than the surviving spouse signs on behalf of a deceased person, IRS Form 1310 must be completed and attached.

Your signature <div style="font-size: 2em; font-weight: bold;">X</div>	Date
Spouse's signature (if a joint return, BOTH MUST SIGN) <div style="font-size: 2em; font-weight: bold;">X</div>	Phone number

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

Instructions for Idaho Form 24

Who Qualifies to Use This Form

You may use this form if you were a resident of Idaho for all of 2003, you are not required to file an Idaho income tax return, and you (or your spouse):

- were 62 or older on 12/31/2003, or
- are blind, or
- are a disabled American veteran of any war engaged in by the U.S., with a recognized service-connected disability of 10% or more, or a Veterans Administration nonservice-connected disability.

If you are married and normally file a joint income tax return, you should file jointly on this form even if only one of you qualifies.

You cannot claim the grocery credit on more than one form.

Filing Status Chart For Line 2

Status

Income

If you are Married:

- filing separate return \$ 3,050
- filing jointly, both under 65 \$15,600
- filing jointly, one spouse 65 or older \$16,550
- filing jointly, both spouses 65 or older \$17,500

If you are Single:

- under 65 \$ 7,800
- 65 or older \$ 8,950

If you are a Qualifying Widow(er) with a dependent child:

- under 65 \$12,550
- 65 or older \$13,500

If you are Head of Household (*you must have paid more than half the cost of maintaining a home for a qualifying person, such as a child or parent*):

- under 65 \$10,050
- 65 or older \$11,200

Do you need help completing this form? Visit your nearest Tax Commission office, or call (208) 334-7660 in the Boise area or 1-800-972-7660 toll free.

Boise	800 Park Blvd., Plaza IV
Coeur d'Alene	1910 Northwest Blvd., Suite 100
Idaho Falls	150 Shoup Ave., Suite 16
Lewiston	1118 F Street
Pocatello	611 Wilson Ave., Suite 5
Twin Falls	1038 Blue Lakes Blvd. N., Suite C

Hearing impaired callers (TDD): 1-800-377-3529